

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011869

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 883

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANCHESTER Mo.</u>		c. CITY OR TOWN <u>MANCHESTER</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Div 2</u>		d. STREET ADDRESS (If outside, give location) <u>Pine Crest Div 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Trinidad</u> Middle <u>MONTALVO</u> Last <u>MONTALVO</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 8-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk</u>	9. AGE (In years last birthday) <u>75 YRS.</u>
11. BIRTHPLACE (City and state or country) <u>Porto Rico</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Isidore MONTALVO</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE Weice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>		17. INFORMANT <u>Mrs Kelley</u> Address <u>7233 St Andrews</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Hypertensive arterio-sclerotic</u> <u>Cerebral vascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>443X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>3-3-59</u> to <u>3-5-59</u> and last saw her alive on <u>3-4-59</u> Death occurred at <u>3:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Cecilia M. Matthews</u> (Degree or title) _____	
22b. ADDRESS <u>7308 Jones R. Hts 2nd</u>		22c. DATE SIGNED <u>3-14-59</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>4/2/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cem</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
24. FUNERAL DIRECTOR <u>Rowland-Aber</u> ADDRESS <u>St. Louis</u>		25. DATE RECD. BY LOCAL REG. <u>4-1-59</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Launce M. Billa

Licensed Embalmer No. *4375*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.